SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
James K. Laducer Laducer & Associates 201 Missouri Drive Mandan, ND 58554 RCRA-08-2008-0005	D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No SSSS
	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer frc 7005 1820 0005	4855 8978 Order
PS Form 3811, August 2001 Domestic Re	eturn Receipt 2ACPRI-03-Z-0985